

STATE: MINNESOTA  
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4.a. Nursing facility services for individuals age 21 or older  
(other than services in an institution for mental diseases):

- Residents must have their level of care certified by a physician, and must be determined by a local screening team to require the level of care provided in a nursing facility, prior to admission.
- Reserved-bed services are provided as indicated in Attachment 4.19-C.
- All medical equipment needed to provide routine services to residents must be supplied. Medical equipment which is not covered in the per diem rate, for which the need is identified and documented in the recipient's plan of care, and which is necessary for the continuous care and exclusive use of the recipient to meet an unusual medical need, can be separately reimbursed.
- Prior to admission to a nursing facility, all applicants must be screened and have a Level I identification screen to determine possible mental illness or mental retardation.
- If an individual with mental illness or mental retardation is admitted to a nursing facility without being screened and having a Level II evaluation and does not meet the exemptions for certain hospital discharges, the person must be screened before Medical Assistance will reimburse the facility.
- ~~Minnesota's level of care criteria for admission of any applicant to a nursing facility are modified as follows:~~

~~On or after July 1, 1998, an applicant who is classified as a high-function case-mix A is not eligible for an admission to a nursing facility. For the purposes of item 4.a., "high-function case-mix A" means a recipient who:~~

- ~~(a) is dependent in zero, one or two case-mix activities of daily living;~~
- ~~(b) is independent in orientation and self-preservation; and~~

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4.a. Nursing facility services for individuals age 21 or older  
(other than services in an institution for mental diseases):  
(continued)

~~(c) has service needs that can be met outside of the facility.~~

~~A person ineligible for admission to a nursing facility is entitled to an appeal under State law. Upon appeal, the applicant may be eligible for admission to a nursing facility if the Department determines that the applicant, because of the applicant's mental or physical condition, requires on a regular basis health related care and services (above the level of room and board), which could be provided in the community except for the existence of extraordinary circumstances. "Extraordinary circumstances," which would render nonadmission to a nursing facility a serious threat to the health and safety of an applicant, include, but are not limited to, the absence or inaccessibility of suitable alternatives, contravening family circumstances, and protective service issues.~~

- ~~An applicant who is ineligible for admission to a nursing facility may not receive personal care assistant and home health services as a component of nursing facility services.~~
- ~~Nursing facility local screening teams may make preliminary determinations concerning the existence of extraordinary circumstances. They may authorize an admission for a short-term stay at a nursing facility and must comply with 42 CFR §483.12.~~
- ~~Minnesota's level of care criteria for a resident in a nursing facility is modified as follows:~~

~~A resident who was in a nursing facility prior to July 1, 1998 and is assessed by the Minnesota Department of Health during its yearly case-mix review assessment as a high-function case-mix A may not remain in the nursing facility if all of the resident's service needs can be met outside of a nursing facility.~~

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4.a. Nursing facility services for individuals age 21 or older  
(other than services in an institution for mental diseases):  
(continued)

~~A resident determined to be a high-function case-mix A individual may remain in the nursing facility if the resident's needs can only be met in an institutional setting for one of the following reasons:~~

- ~~(a) the resident has no place of residence (i.e., no domicile that the resident rents or owns) to which the resident can return that will provide the supports necessary to assure the health, welfare and safety of the resident;~~
- ~~(b) the resident's assets are too few to provide for housing and supports necessary to live in the community;~~
- ~~(c) the community to which the resident would return does not have sufficient health and social service supports necessary to assure the health, welfare and safety of the resident; or~~
- ~~(d) returning to the community would place an undue psychological burden on the resident.~~

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4.b. Early and periodic screening, diagnosis, and treatment services:

- Early and periodic screening, diagnosis and treatment service is a service provided to a recipient under age 21 to detect, prevent, and correct physical and mental conditions or illnesses discovered by screening services, and to provide diagnosis and treatment for a condition identified according to 42 CFR 441.50 and according to section 1905(r) of the Social Security Act.
- Initial and periodic screenings are provided as indicated by the periodicity schedule. Inter-periodic screens are available to recipients based on medical necessity. An EPSDT service can be requested by the recipient or performed by a provider at any time if medically necessary.
- Initial face-to-face and written notifications of recipients are followed up by county agencies with telephone, letter, and/or home visit contracts. Annual or periodic written renotifications may also be supplemented by personal contacts.

The following are in excess of Federal requirements:

- Screened recipients receive a written copy of any abnormal screening findings.

The following health care not otherwise covered under the State Plan is covered for children by virtue of the EPSDT provisions of Title XIX:

**Rehabilitative services as follows:**

1. **Professional home-based mental health services** for children are culturally appropriate, structured programs of intensive mental health services provided to a child who is at risk of out-of-home placement because of the severe emotional disturbance. For purposes of item 4.b., a child eligible for home-based mental health services means a child who meets the functional criteria defined in Supplement 1 of this Attachment for purposes of targeted case management, or a child who has an emotional disturbance and who meets one of the following criteria:

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- A. the child has been admitted within the last three years or is at risk of being admitted to inpatient treatment or residential treatment for an emotional disturbance;
- B. the child is a Minnesota resident and is receiving inpatient treatment or residential treatment for an emotional disturbance through the interstate compact;
- C. the child has one of the following as determined by a mental health professional:
  - 1. psychosis or a clinical depression;
  - 2. risk of harming self or others as a result of an emotional disturbance; or
  - 3. psychopathological symptoms as a result of being a victim of physical or sexual abuse or of psychic trauma within the past year; or
- D. the child, as a result of an emotional disturbance, has significantly impaired home, school or community functioning that has lasted at least one year or that, in the written opinion of a mental health professional, presents substantial risk of lasting at least one year.

The services are for the purposes of resolving an acute episode of emotional disturbance affecting the child or the child's family, reducing the risk of the child's out-of-home placement, reunifying and reintegrating the child into the child's family after an out-of-home placement. The services are provided primarily in the child's residence but may also be provided in the child's school, the home of a relative of the child, a recreational or leisure setting or the site where the child receives day care.

A child (under age 21) is eligible for home-based mental health services, based on the results of a diagnostic assessment conducted or updated by a mental health professional within the previous 180 days. The diagnostic assessment must have determined that the child meets the functional criteria

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

outlined, above, and is in need of home-based mental health services.

The following entities are eligible to provide home-based mental health services:

- A. outpatient hospitals;
- B. community mental health centers;
- C. community mental health clinics;
- D. an entity operated by or under contract to the county to provide home-based mental health services. A county board may only contract with an entity specified in items A through C, above.

A provider of home-based health services must be capable of providing all of the components specified below. However, a provider is responsible to provide a component only if the component is specified in a child's individual treatment plan. Component A is covered as a mental health service under items 2.a, 5.a., 6.d. and 9 of this Attachment. Components B and C are covered as professional home-based therapy services.

- A. diagnostic assessment;
- B. individual psychotherapy, family psychotherapy, multiple-family group psychotherapy; and
- C. individual, family, or group skills training that is designed to improve the basic functioning of the child and the child's family in the activities of daily and community living, and to improve the social functioning of the child and the child's family in areas important to the child's maintaining or re-establishing residency in the community. For purposes of this item, "community" means the child's residence, work, school, or peer group. The individual, family, and group skills training must:
  - 1. consist of activities designed to promote skill development of both the child and the child's family in the use of age-appropriate

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

daily living skills, interpersonal and family relationships, and leisure and recreational services;

2. consist of activities which will assist the family to improve its understanding of normal child development and to use parenting skills that will help the child achieve the goals outlined in the child's individual treatment plan; and

3. promote family preservation and unification, community integration, and reduced use of unnecessary out-of-home placement or institutionalization of eligible children.

To be eligible for MA payment, the provider of home-based mental health services must meet the requirements in items A to F, below.

- A. the service under component B, above, must be provided by a mental health professional skilled in the delivery of mental health services to children and their families.
- B. the services under component C, above, must be provided by mental health professionals and mental health practitioners who are skilled in the delivery of mental health services to children and their families.
- C. the services must be designed to meet the specific mental health needs of the child and the child's family according to the child's individual treatment plan that is developed by the provider and that specifies the treatment goals and objectives for the child and the child's family.
- D. the provider must provide, or assist the child or the child's family in arranging crisis services for the child and the family of a child which must be available 24 hours per day, seven days a week.
- E. the caseload of a home-based mental health service provider must be of a size that can reasonably be expected to enable the provider to meet the needs of the children and their families in the provider's caseload and permit the delivery of the services specified in the

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- children's individual treatment plans.
- F. the services must be coordinated with the child's case manager for mental health services if the child is receiving targeted case management services.

Payment is limited to the following components of home-based mental health services:

- A. diagnostic assessment
- B. individual psychotherapy, family psychotherapy, and multiple-family group psychotherapy
- C. individual skills training, family skills training, and group skills training
- D. time spent by the mental health professional and the mental health practitioner traveling to and from the site of the provision of the home-based mental health services is covered up to 128 hours of travel per client in a six month period. Additional travel hours may may be approved as medically necessary with prior authorization.

The services specified in A through J below are not eligible for MA payment:

- A. family psychotherapy services and family skills training services are not covered unless the services provided to the family are directed exclusively to the treatment of the recipient. Medical assistance coverage of family psychotherapy services and family skills training services is limited to face-to-face sessions at which the recipient is present throughout the therapy session or skills development session, unless the mental health professional or practitioner conducting the session believes the recipient's absence from the session is necessary to carry out the recipient's individual treatment plan. If the recipient is excluded, the mental health professional or practitioner conducting the session must document the reason for the length of time of the exclusion.



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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- B. home-based mental health services provided to a child who at the time of service provision has not been determined to be a child eligible for home-based mental health services except for the first 30 hours of home-based mental health services provided to a child who is later determined to meet the functional criteria.
- C. more than 192 hours of individual, family, or group skills training within a six-month period, unless prior authorization is obtained.
- D. more than a combined total of 48 hours within a six month period of individual psychotherapy and family psychotherapy and multiple-family group psychotherapy except in an emergency and prior authorization or after-the-fact prior authorization of the psychotherapy is obtained.
- E. home-based mental health services that exceed 240 hours in any combination of the psychotherapies and individual, family, or group skills training within a six month period. Additional home-based mental health services beyond 240 hours are eligible for MA with prior authorization.
- F. psychotherapy provided by a person who is not a mental health professional.
- G. individual, family, or group skills training provided by a person who is not qualified, at least, as a mental health practitioner and who does not maintain a consulting relationship whereby a mental health professional accepts full professional responsibility. However, MA shall reimburse a mental health practitioner who maintains a consulting relationship with a mental health professional who accepts full professional responsibility and is present on site at least for one observation during the first twelve hours in which the mental health practitioner provides the individual, family, or group skills training to the child or the child's family.

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

Thereafter, the mental health professional is required to be present on-site for observation as clinically appropriate when the mental health practitioner is providing individual, family, or group skills training to the child and the child's family. The observation must be a minimum of one clinical unit. The on-site presence of the mental health professional must be documented in the child's record and signed by mental health professional who accepts full professional responsibility.

- H. home-based mental health services by more than one mental health professional or mental health practitioner simultaneously unless prior authorization is obtained.
- I. home-based mental health services to a child or the child's family which duplicate health services funded under Medical Assistance mental health services, grants authorized according to the Minnesota Family Preservation Act, or the Minnesota Indian Family Preservation Act. However, if the mental health professional providing the child's home-based mental health services anticipates the child or the child's family will need outpatient psychotherapy services upon completion of the home-based mental health services, then one session of individual psychotherapy per month for the child, or one session of family psychotherapy per month for the child and the child's family, is eligible for medical assistance payment during the period the child is receiving home-based mental health services. For purposes of the child's transition to outpatient psychotherapy, the child may receive two additional psychotherapy visits per six month episode of home-based mental health services if the mental health professional providing the home based mental health services requests and obtains prior authorization. Additional outpatient psychotherapy services provided concurrent with home-based mental health services in excess of these limits are eligible for MA with prior authorization. In addition,